

Office Address:



Mail Date:

Name and Address:

**EDD TOLL FREE TELEPHONE NUMBER:**  
1-866-362-8833

**REQUEST FOR INFORMATION:**

Your assistance and cooperation are requested. A claim for unemployment insurance benefits was filed with an effective date of \_\_\_\_\_. There is a question about the identity of the individual who filed the claim. In order to address this, we are asking you to complete and return this form. We are also asking you to provide copies of identity verification documents, however, you are **not required** to do so. (See page 2 for a description of documents requested.)

**PLEASE CHECK THE APPROPRIATE BOX UNDER THE SOCIAL SECURITY NUMBER LISTED BELOW.**

Social Security Number: \_\_\_\_\_

- I **am** the true owner of this social security number.
- I **am not** the true owner of this social security number.

**PLEASE PRINT YOUR FULL NAME IN THE SPACES PROVIDED BELOW. IF APPLICABLE, PROVIDE ANY OTHER NAMES OR SOCIAL SECURITY NUMBERS YOU HAVE USED.**

Full name: \_\_\_\_\_  
   First  Middle  Last

Other names you have used: \_\_\_\_\_

Other social security numbers you have used: \_\_\_\_\_

**YOU MUST CHECK THE ONE BOX BELOW THAT APPLIES TO YOU.**

- I **DID NOT FILE** THIS CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.
- I **DID FILE** THIS CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS BUT DID NOT CLAIM BENEFITS.
- I **DID FILE** THIS CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS AND DID CLAIM BENEFITS BUT I AM NOT CURRENTLY CLAIMING BENEFITS.
- I **DID FILE** THIS CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS AND I AM CURRENTLY CLAIMING BENEFITS.
- I **DID FILE** THIS CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS, HOWEVER, I DID NOT REOPEN THIS CLAIM EFFECTIVE \_\_\_\_\_ AND I AM NOT CURRENTLY CLAIMING BENEFITS.

***SIGN AND RETURN THIS DOCUMENT WITHIN 10 DAYS FROM THE MAIL DATE OF THIS FORM. PLEASE USE THE ENVELOPE PROVIDED AND ENCLOSE THE IDENTITY VERIFICATION DOCUMENTS THAT YOU CHOOSE TO PROVIDE. PLEASE INCLUDE YOUR COMPLETE SOCIAL SECURITY NUMBER ON EACH DOCUMENT SUBMITTED.***

I understand the law provides penalties if I make false statements or withhold facts to obtain benefits; I declare under penalty of perjury that the information I am providing is true and correct.

\_\_\_\_\_  
SIGNATURE (YOUR signature is required)

\_\_\_\_\_  
Please include a telephone number where you can be reached during normal business hours.

**ACCEPTABLE DOCUMENTS FOR IDENTITY VERIFICATION**  
(Submit **copies** unless otherwise noted.)

You must provide proof of identity. Please provide **one** document from the "Photo Identification" table and **one** (or more) of the documents from the "Other Identity Documents" table below. **\*\*Note\*\* All documents submitted should be on 8 ½ x 11 inch paper and should include your social security number.**

**PHOTO IDENTIFICATION**

(You must provide a clear copy of **one** of the documents from this table.)

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Driver's license or ID card issued by a state/local/federal agency that contains your name, your date of birth and your photograph</li> <li>• Official document issued to you by a state/local/federal agency that contains your name, your date of birth and your photograph</li> <li>• U.S. Passport that contains your name, your date of birth and your photograph</li> <li>• Unexpired foreign passport that contains your name, your date of birth and your photograph</li> <li>• U.S. Military card that contains your name, your date of birth and your photograph</li> <li>• Military dependent's ID card that contains your name, your date of birth and your photograph</li> </ul> | <ul style="list-style-type: none"> <li>• Alien Registration Receipt Card issued by the U.S. Citizenship and Immigration Services (formerly INS) that contains your name, your date of birth and your photograph (<i>Form I-551</i>)</li> <li>• Unexpired Temporary Resident Card issued by the U.S. Citizenship and Immigration Services (formerly INS) that contains your name, your date of birth and your photograph (<i>Form I-688</i>)</li> <li>• Unexpired Employment Authorization Card issued by the U.S. Citizenship and Immigration Services (formerly INS) that contains your name, your date of birth and your photograph (<i>Form I-688A</i>)</li> <li>• Unexpired Employment Authorization Document issued by the U.S. Citizenship and Immigration Services (formerly INS) that contains your name, your date of birth and your photograph (<i>Form I-688B or Form I-766</i>)</li> </ul> |
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**OTHER IDENTITY DOCUMENTS** (You must provide **one** of the documents from this table.)

- |  |   |
|--|---|
| <b>EMPLOYMENT DATA</b>   | <ul style="list-style-type: none"> <li>• A copy of at least one W-2 issued to you for the last year<br/>or</li> <li>• A copy of at least one check stub or payment statement issued to you by your employer within the 12 months prior to the date that your claim was first filed. The check stub or payment statement must be pre-printed with the following:<br/>— Your first name or initial and your last name<br/><b>AND</b><br/>— Your social security number, a minimum of the last four digits of your social security number, or your employee identification number<br/><b>AND</b><br/>— The name of the employer<br/><b>AND</b><br/>— The date the check stub or pay statement was issued, or the pay period for which the check stub or pay statement was issued.</li> </ul> |
| <b>ADDRESS VERIFICATION</b>  | <ul style="list-style-type: none"> <li>• An unaltered <b>original</b> utility bill (e.g. electricity, gas, garbage, water, or sewer), cable TV bill, telephone bill, correspondence from a bank, current residential rental/lease agreement or mortgage statement that shows your name and current RESIDENCE address.<br/>or</li> <li>• If you do not have a residence address, but you have a P.O. Box or a Private Mail Box, you must provide registration verification showing that you are the renter or authorized user of the box.</li> </ul>   |
| <b>SOCIAL SECURITY NUMBER (SSN) VERIFICATION</b>   | <ul style="list-style-type: none"> <li>• A complete copy of <u>your</u> annual statement from the Social Security Administration<br/>or</li> <li>• Verification of your SSN received by the Department <b>directly</b> from the Social Security Administration by mail to the office address listed on page one of this notice.</li> </ul>  |
| <p><b>Note**A copy of your Social Security Card will not satisfy this requirement.</b></p> |   |